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ABSTRACT

This paper represents the perspectives of 25 special education teacher scholarship students from 13 Caribbean and Central American countries (Barbados, Belize, Costa Rica, Guatemala, Honduras, Nevis, Nicaragua, El Salvador, Dominica, St. Vincent and the Grenadines, Jamaica, Grenada, and Antigua) on the status of special education in their countries in the areas of funding, legislation, identification, and programming. Specific sections of the report address the following aspects of special education in this geographical area: disability prevalence, legislation, funding, identification and placement, programs, teacher training, services, other factors affecting special education in the Caribbean and Central America, public awareness, attitudes, government barriers, poverty, and new directions for the 21st century. Appendices include a listing of general areas of concern about special education in the Caribbean and Central America, and specific information about St. Christopher and Nevis, Barbados, Belize, and Jamaica. (DB)

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MISSOURI FEDERATION COUNCIL FOR EXCEPTIONAL CHILDREN

Educating the Special Child

in the Caribbean and Central America

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"Reaching for Rainbows"

Harris-Stowe State College

Cooperative Association of States for Scholarships & The Academy for Education Development

Annual Spring Conference

March 10-12, 1994

Regal Riverfront, St. Louis, Mo.

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Educating the Special Child
in the Caribbean and Central America

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Abstract

Twenty-five students from thirteen Caribbean and Central American countries were sponsored by the Cooperative Association of States for Scholarships and the Academy for Education Development to study special education at Harris-Stowe State College, St. Louis, MO for a two year period. This paper, presented at the Missouri Federation Council for Exceptional Children Annual Spring Conference, represents these twenty-five students' perspective of the status of special education in their countries in the areas of funding, legislation, identification, and programming.

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ST CHRISTOPHER AND NEVIS
DOMINICA
ST LUCIA
BARBA
ST VINCENT AND THE GRENADINES
GRENADA
TRINIDAD AND TOBAGO

INTRODUCTION

To ensure social well being for all people societies have to be based on justice, equity, equality and interdependence, recognition and acceptance of diversity. Societies will also consider their members, above all, as persons and assure their dignity, life, self-determination, full access to social resources and opportunities to contribute to community life.

Societies and governments have the duty to foster the participation of people with disabilities and their families in the formulation of coordinated policies and legislation to achieve the vision of reaching the rainbow. Furthermore, societies and governments have an obligation to put in practice policies that will enable secure employment and adequate financial support for families and social programs; state programs oriented to families, and policies that support social integration adapted to the specific community that a child lives in; and provide information to the families that foster the achievement of this vision.

In that envisioned society, particulars such as the following will be ensured. All children and youth, including those with disabilities, would have a right to be part of a family with support that is needed from the beginning, including support for emotional needs. Their basic needs would be met including support for security, access to health care and social security and freedom from physical and sexual abuse and torture. They would be integrated into generic

services including early intervention, full access to formal education at all levels and meaningful work for the youth.

By the end of the century there will be over 600 million disabled individuals in the world with the number of disabled children in developing countries increasing as health care improves and children who would have previously died survive "... Meeting the needs of the children presents a new challenge for the family, local community and for service planners and providers" (Mittler, p.2).

This document will provide information on legislation pertaining to Special Education and prevalence figures for disabilities in the countries indicated. Identification, placement and programming for students of school age will be reviewed. Information on sources of funding for special education will also be presented. Public awareness of educating the disabled, training of teachers to meet the needs of students with disabilities, and other cultural, educational, and economic factors which affect special education will also be included in this presentation.

PREVALENCE

There are no official statistics available from the Ministries of Education or Ministries of Health throughout the Caribbean and Central America, regarding the prevalence rates for disabilities. According to the United Nations and the World Health Organization, based on their criteria, estimate that throughout the regions represented, given

average populations of 90,000, 10% or 9,000 people have some form of disability (Carmen, 1993).

LEGISLATION

In the Caribbean and Central America there is a general lack of needed legislation pertaining to special education. In those countries where laws do exist, these are not enforced. Lack of funding is the chief obstacle to the enforcing of existing laws and policies.

Furthermore, in many instances laws are not comprehensive enough, that is they do not extend to all areas of exceptionality; for example gifted students are not given any consideration in existing laws. Additionally, these laws most often are not compatible with human rights, for example the right of freedom of speech is not extended to persons with disabilities in that their views are not considered.

FUNDING

There is an overall lack of, or limited local government funding for special education in the countries represented.

Funding for special education comes from various other sources. These other sources include:

1. Churches often provide buildings to be used for schools, as well as on occasion provide money from offerings collected for the expressed purpose of making donations to the special education schools.
2. Private individuals who make monetary donations to the

special education schools.

3. Local organizations such as the Rotary Club, Lions International and Jaycees. These organizations make monetary donations as well as donations of material e.g. books and equipment e.g. hearing aids and wheelchairs.
4. World relief agencies such as, the United Nations Education, Scientific and Cultural Organization (UNESCO). United States Agency for International Development (USAID). National Children's Home (NCH-Britain). World Health Organization (WHO). United Nations International Children Education Fund (UNICEF). Canadian International Development Agency (CIDA).

These organizations provide monetary funding as well as materials, equipment and occasionally training for staff working in the special education schools.

IDENTIFICATION AND PLACEMENT

Throughout the two regions there is a general absence of consistent policies and plans for the early identification of children with disabilities, as well as early intervention and stimulation programs. This is due in part to the traditional practice of regarding disabilities as the responsibility of the health department. Thus if students are not identified for health reasons very seldom are they identified.

There is furthermore a lack of professional diagnostic training for personnel. Therefore diagnosis of an impairment is done only when the impairment is evident e.g. hearing

impairment and physical impairment.

Referrals are usually made by: 1. Parents who suspect that something is wrong with their children's development and/or progress. 2. Regular education teachers when students fail to meet the established criteria for promotion. 3. Medical officials who have documented developmental problems such as brain dysfunction. Regardless of who does the referral, children are referred to the special education schools for placement.

Teachers use informal diagnostic and evaluative procedures to place students in specific classes and programs. Placement of students in the special education schools is done according to a) disability and b) mental ability regardless of disability. Placement according to mental ability regardless of disability means that for example, students with a mental age of about seven years old will be placed in the same class eventhough they may all have different disabilities. This form of placement is as a direct result of the limited numbers of trained teachers in the various disabilities.

Mainstreaming students with disabilities into the regular classroom is a relatively new concept throughout the regions. Thus, very few students are mainstreamed and most students are served in segregated special education schools. More specifically those students with mild learning disabilities are left undiagnosed in the regular education setting. These students are usually grouped together and placed in classes

for the "slow learners." Here too there is a general lack of formal diagnosis and trained personnel to facilitate mainstreaming. Currently special education in terms of regular education in the Caribbean and Central America operates out of what can be considered an unofficial inclusion model.

In some countries there are students who are mildly and moderately visually impaired who have been integrated into the regular classroom. In countries where this has happened for example in the Caribbean island of St. Vincent and the Grenadines, these students are served by itinerant teachers. In the case of students who are blind and those who are deaf they too are served in segregated special education schools.Students with mild health and physical impairments receive services in the regular education schools. Those with more severe impairments most often are educated in the special education schools.

While this is the general trend with regard to identification and placement in the two regions, there are exceptions. In the Caribbean, Barbados has established The Children's Development Center, a multidisciplinary, multipurpose unit. This center offers referral, diagnosis, placement and reassessment of individuals among its other services. In Central America it has been noted that these services do exist in some countries but due to economic reasons such as not enough personnel working in in these facilities, social reasons such as parents/guardians not

being able to afford them, and political reasons, for example the particular government in power, they may not be available to the wider population.

PROGRAMS

Special Education in the Caribbean and Central America suffers from an overall lack of, or limited programs established to serve those students with disabilities.

The curricula used are usually adapted from the regular education curricula. Special education curricula used in other countries such as the United States, Britain, Canada and other European countries. These curricula are modified to meet the needs of students with disabilities in the Caribbean and Central America. The most common practice however is for the special education teachers to formulate their own curricula to use in the various special schools.

Whatever the form, the components of the various existing curricula are: a) Self-help Skills;

b) Social Competency;

c) Functional Academics;

d) Creative Expression such as drama, dance and music;

e) Perceptual Motor Development, and

f) Vocational Training.

TEACHER TRAINING

Throughout the Caribbean region teachers receive their

basic training at their local two-year Teacher Training College. Further training is done at one of the campuses of the University of the West Indies, in either Jamaica, Barbados or Trinidad & Tobago. Throughout Central America teachers receive three years basic teacher training after which they can receive further training in special education at the Universities in the respective countries.

However, although these colleges exist there are still limited numbers of trained teachers in special education. There are furthermore limited opportunities for further specialized courses in special education after basic training is completed. Further training becomes possible through scholarships to the University of the West Indies and other Universities and scholarship programs such as CASS/AED.

In order to keep teachers working in special education informed and updated about advances in the field, seminars are workshops are held. These seminars and workshops are organized both locally and by overseas organizations, as well as on a regional or individual country basis.

SERVICES

On the whole, throughout the Caribbean and Central America, less than 3% of the needed services for example transportation, for special education to be effective are provided. Additionally, it had been documented that "99% of the disabled population older than fourteen years is not receiving the corresponding rehabilitative services" (Belize,

Situating the Policy Framework).

Those services that have been established are fragmented. There is no collaboration between the various sectors e.g. health and education. Services are not easily accessible due in part to difficulties with transportation, and building not being accessible to individuals with disabilities. Moreover existing services are concentrated in the urban centers and are therefore not readily available to individuals in the rural areas. Also there is generally limited access to the health care facilities.

The greatest hindrance to the further establishing and improvement of services is insufficient local funding for these services. As a result there is a general limited numbers of trained professionals such as psychologists, psychological examiners, counselors, physical therapists and psychiatrists among others, working in special education.

In many of the established special education schools, the Peace Corps Organization of the United States and the Volunteer Service Organization (VSO) of Britain, provide trained professionals in the fields of Physical Therapy, Occupational Therapy and Speech/Language Pathology. These individuals work in the schools for a maximum of three years after which they return to their respective countries. If no-one is available to fill these vacancies as they arise, the schools lose those services until other such professionals are available to fill these vacancies.

OTHER FACTORS AFFECTING SPECIAL EDUCATION IN THE CARIBBEAN AND CENTRAL AMERICA

Societies in Americas have created two worlds, one for those with disabilities and one for the rest. The world of people with disabilities is paternalistic and authoritative. One based on stigmatizing and demoralizing labels. This is a world in which disabled persons are not able to make their own decisions or to fully enjoy their human rights. These two worlds are divided by many barriers including: Public Awareness, Attitudes, Government Barriers, and Poverty.

PUBLIC AWARENESS

There is a lack of basic general information regarding special education and disabilities at all levels of the community. More significantly, there is a either a lack of information or limited information available to parents regarding the specific disabilities of their children.

In an effort to increase the publics' awareness of special individuals, two specific events among others occur in all the countries represented. First, there is the local annual Special Olympics. This event is becoming more and more appreciated by parents, students, staff and the general public. Second, in each country, one month every year is designated as the Month of the Disabled. During this month a variety of events take place. Radio and television programs highlighting issues in special education and concerning disabilities are aired. There is an open day when the

general public is invited into the schools to observe the students and teachers at work. There are also exhibition days when arts and crafts made by the students are on display for sale, and concerts organized by the staffs and students of the special education schools are also held. These events have all gone a long way toward increasing the publics' awareness of individuals with disabilities in these countries.

ATTITUDES

Individuals with disabilities in the Caribbean and Central America are still generally regarded with fear. Fear of possibly "catching" the disability and fear that these individuals are harmful. This fear is generated, as stated previously, by a lack of awareness and understanding of differences.

Individuals with disabilities are faced with religious, parental and societal stereotyping. The religious sector emphasizes the protection of "these poor helpless individuals who cannot help themselves." Parents still view their children as objects to be kept hidden from rest of the community. Society on the whole has combined these two stereotypes into yet a third and probably more demeaning stereotype. That individuals with disabilities are social misfits from whom nothing good can be expected. Regular education teachers generally tend to ignore students with disabilities since it is felt that these students cannot

become productive citizens. As a result the general attitude toward the disabled in the countries represented is one of amused tolerance, with the emphasis placed on the disability rather than on the abilities of these individuals.

However, while these attitudes can be considered typical within the two regions, it must be recognized that these views are changing. With a growing educated population people are developing more positive attitudes towards individuals with disabilities.

GOVERNMENT BARRIERS

The governments of the Caribbean islands and those of the Central American countries lack understanding of the needs of individuals with disabilities, their families and their organizations. They further lack understanding of the part they must play if the disabled are to be successfully integrated into the wider communities.

This lack of understanding is evident by the absence of concrete and specified plans concerning special education. Whatever policies the governments do have are more oriented to economic goals, in terms of funding, rather than social goals of education, acceptance and integration.

One the greatest governmental barriers which exists currently is the lack of statistical information. As a result no efficient or effective preparation and planning can take place.

Another direct governmental obstacle to the further

development of special education in the regions, is the absence of established departments of special education in the Ministries/Departments of Education. Moreover where such departments do exist there is insufficient funding for efficient service.

POVERTY

Most of the families of individuals with disabilities lack the incomes and resources necessary to meet and provide their basic needs. Additionally this is true for adults with disabilities who lack the opportunities to find employment and thus the ability to provide for themselves. Furthermore throughout the Caribbean and Central American regions there is no efficient system of welfare to assist these individuals and therefore alleviate some of the problems caused by the vicious cycle of poverty.

NEW DIRECTIONS FOR THE 21st CENTURY

Despite the very bleak picture of special education in the Caribbean and Central America, efforts are being made to improve the situation. Organizations such as the Caribbean Association on Mental Retardation and Other Disabilities (CAMROD) and others like it throughout Central America have put together blueprints highlighting goals and policies they want implemented for the improvement of the state of special education. These blueprints have been submitted or are in

the process of being submitted to the governments of the 13 countries represented here for approval.

Some of the points highlighted in these blueprints are as follows:

1. The implementation and enforcing of laws necessary to ensure the education of persons with disabilities.
2. Integrating individuals with disabilities based on skills into the development process.
3. Ensuring that more opportunities for training professionals working in special education are offered.
4. Formulating an on-going, systematic joint plan for the dissemination of information through the electronic and print media.
5. To ensure that services are made accessible to people disabilities.
6. The construction and/or modification of infra-structure and buildings to make them accessible to individuals with disabilities.
7. To ensure that general and specialized medical services are offered at no cost to people with disabilities without economic resources.
8. To make medication and technical supports available at minimal cost to individuals with disabilities with economical resources.

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ADDENDUM

GENERAL AREAS OF CONCERN ABOUT SPECIAL EDUCATION IN THE CARIBBEAN AND CENTRAL AMERICA

I. GOVERNMENT, LEGISLATION AND ADVOCACY

Goals:

- take account of persons with disabilities and promote the "vision" through equality of outcome in all statutes
- discourage statutes designed only for persons with disabilities
- ensure human rights laws apply to health care, education and work
- make social policies as much a priority as economic policies
- enable participation of families and people with disabilities in all stages of the policy making process
- design policy that promotes human development
- sensitize government about their responsiblities to redistribute resources to achieve the "vision"
- coordinate action among governmental bodies to ensure that policies are implemented and monitored
- encourage cooperation of all sectors of society in defense of human rights
- create a public office specifically to defend and promote the rights of persons with disabilities

II. PARTNERSHIP AND COOPERATION

Goals:

- encourage parents associations to initiate and participate in broad coalitions around shared issues
- work with non disability organizations to sensitize them to disability concerns and to include the concerns
- encourage and support self-advocates in all partnerships
- promote the cooperation between and among families, the community and people with disabilities
- promote cooperation between public and private sector at national, regional and local level
- promote networks of parent groups who have a common vision and can build alliances with professionals

III. PUBLIC CONSCIOUSNESS

Goals:

- promote a deep cultural change in attitudes towards persons with disabilities
- develop awareness of the "vision" and ways of working towards it
- work with parents towards helping to build a vision
- make visible the strengths and abilities of individuals with disabilities.

- raise public awareness as a means for eliminating barriers
- raise public awareness of human rights of persons with disabilities
- develop conceptualizations that utilizes a holistic approach of a person for the identification of disabilities
- include curriculum on disability at all levels of education and all professional training
- motivate all social change agents

IV. INFORMATION AND RESEARCH

Goals:
- create channels of information across all social levels in order to facilitate integration of children and youth with disabilities
- support research that makes visible the realities of people with disabilities

V. SUPPORTS AND SERVICES

Goals:
- ensure that services are decentralized and coordinated
- ensure that all public and private services, including health, education, social services and recreational services, are available and accessible to all people, regardless of their disability and social, economic and cultural condition

Table 1

TYPES OF DISABILITIES IDENTIFIED IN RESPECTIVE SETTINGS

IN ST. VINCENT AND THE GRENADINES

TYPE OF DISABILITY	SCHOOL A	SCHOOL B	SCHOOL C	SCHOOL D	NGO E	TOTAL FOR CATEGORY
Mental Retardation	51	1	12	8	-	72
Hearing Impaired	36	14	4	3		57
Visually Impaired	--	--	--	--	--	--
Physical Disability	11	--	--	--	--	11
Learning Disabled	18	--	--	--	--	18
TOTAL DISABILITES IN EACH SETTING	**116**	**15**	**16**	**11**		**158**

KEY:

School A -- School for Children with Special Needs: Kingstown
School B -- School for Children with Special Needs: Georgetown
School C -- Bequia Sunshine School
School D -- Questelles Christian Centre

Table 2

ENROLLMENT IN SPECIAL EDUCATION AT THE SCHOOL FOR CHILDREN WITH SPECIAL NEEDS IN KINGSTOWN BETWEEN 1974-1993

TYPE OF DISABILITY	NUMBER OF STUDENTS
Mental Retardation	44
Hearing Impaired	15
Visually Impaired	--
Physically Disability	6
Learning Disabled	13
TOTAL NUMBER OF DISABLED STUDENTS	**78**

SPECIAL EDUCATION IN CENTRAL AMERICA

CENTRAL AMERICA should be considered as a region since it is going through a process that has involved both the creation of policies and programs at a national level. The region has also approved a Central American Council for the Attention to Children with Disabilities, which grew out of agreements reached at the IV Encounter of the First Ladies of Central America and Panama held in Honduras in 1990, and the Regional Workshop to Analyse Attention to Children with Disabilities in Central America and Panama held in Costa Rica in July 1991.

This council is being formed in each country by representatives from governmental and non-governmental sectors and from associations of people with disabilities.

COSTA RICA

The National Council for Rehabilitation and Special Education has developed national policies for prevention and rehabilitation.

EL SALVADOR

Although it does not have a national policy for rehabilation, plans and actions like the Project for Integral Attention to Children from 0 to 6, with participationfrom the public and private sector, have been carried out.

GUATEMALA

The National Commission for the Handicapped is made up of a wide range of institutions under the Ministry of Social Security and of associations for social action. Its task is to design and propose educational policies.

HONDURAS

The Honduran Institute for the Education and Rehabilitation of the Handicapped coordinates services in the field of disability.

NICARAGUA

No coordinating body existed as of 1991.

SPECIAL EDUCATION IN ST. CHRISTOPHER AND NEVIS

Government views special education as the education of children and adults who have a learning difficulty because of some handicap: blindness or impaired vision, deafness or impaired hearing, mental retardation, social or emotional maladjustment, and physical handicap.

Special Education also includes the education of gifted children who are intellectually precocious, and are insufficiently challenged by the pace of the regular school.

The objectives and purpose of special educationinclude those outlined for the levels already considered, together with these additional objectives:

i. To provide equal educational opportunities for all children, notwithstanding their emotional, mental and physical disabilities.

ii. To provide adequate education for all handicapped persons in order that they function effectively within trained competencies.

CURRENT CLASSIFICATION FOR SPECIAL STUDENTS

1. Learning Disabled (LD). LD students have trouble in learning within a specific domain or context. The disability is related to a specific psychological process affecting the student's ability to read, write or calculate.

2. Mentally Retarded (MR). These have a deficient intellectual ability At one level are the so-called slow learners, on the other level are the severely retarded individuals who need to be in a residential school, devoted entirely to special education.

3. Physically Handicapped. This group includes partially blind or blind, partially deaf or deaf, orthopedically impaired and motor impaired.

4. Gifted. These excel in general intellectual ability or in specific abilities, such as artistic, musical, or mathematical skills.

THE CHILDREN'S DEVELOPMENT CENTER: BARBADOS

Children's Development Center is a multidisciplinary, multi-purpose unit offering a multi-disciplinary approach to the diagnosis, care and treatment of handicapped children in Barbados.

It offers assessment and registration of all handicapped persons from first referral also Day Care, Education, Training of handicapped individuals in work related fields.

It acts as a resource and data gathering information agency. It consists of the following sections:

ASSESSMENT UNIT

-Coordinate services for the handicapped children.
- Provideregistration of all handicapped children from first referral.
- Follow-up assessment with therapeutic plans designed to provide early stimulation and preventative measures so that reversible handicap does not become permanent.
- Provide periodic reassessment of a child's physical educational and social development , and continuing surveillance through to adulthood.
- Involve family/guardian during assessment and therapy - provide counseling and support.
- To monitor health needs of all registered children - including primary health care needs.
- To provide physical, occupational and speech therapy services and counseling on the spot.

TRAINING RESOURCES CENTER

- Provide training programs in related fields, in early stimulation, child care, special education, physiotherapy, occupational therapy, aids, adaptions local community resources.
- Inservice supervised practical experiences tutorials and seminars.
- Continuing parent education.
- Provision of relevant books, pamphlets, video, and additional information on local resources.
- Disseminate knowledge, new ideas and policies through media to facilitate increased public awareness and education on the handicapped.

WORKSHOP

- Training for those handicapped non-academically orientated yet are capable of mastering a craft.
- Instill work habits.
- Assist those individuals capable of taking their rightful place in the community and making a contributionin a meaningful and dignified manner to the society in which they live.

DAY CARE CENTER

- Stimulate child to maximum development.
- Maximise parent involvement.
- Serve as a model for further program for children with special needs.
- Prevent children with special needs from going into institutional care.
- To enable parents to be able to go out to work

EDUCATIONAL

- Maximum physical and intellectual potential of each child.
- School placement.
- Development of social, communication, and academic skills, and creative expression.
- Develop habits and attitudes to work through group participation in and out of the classroom.
- Social adjustment and participation.
- Parent education - acceptance of child's potential and limitations - integration of home education with school programs.

SPECIAL EDUCATION IN BELIZE

SPECIAL EDUCATION

All programs will be implemented with the idea of achieving, wherever possible, the integration of children with a disability into the regular classroom. The planned development of units and resource classes will allow Stella Maris to function in its true capacity as a resource for those with severe disabilities. The following steps will be taken:

A Special Education Unit will be established to supervise Special Education programs at special units and in regular classrooms.

All teachers with training in Special Education will have at least one child with a disability in their class.

Those students from Stella Maris and Special Units who have acquired the essential skills to cope in a regular classroom will be transferred thereto.

Develop and provide specialist training to teachers at the Belize Teachers College.

Conduct a special education training program in all districts.

Provide itinernat teachers to assist teachers in regular classrooms in the integration of children with disabilities.

PHYSICAL DISABILITIES

Given the policy of integrating persons with disabilities into the mainstream, the special needs of persons with physical disabilities will as far as possible be taken into account in the construction and renovation of educational facilities of any kind. Suitable furniture and equipment will also be provided or appropriate adaptations made as required.

It must also be remembered by all concerned that physical disability is not to be confused with mental impairment and does not indicate a reduced capacity to learn. Teachers will be trained to recognize the symptoms of physical disabilities that can serve as a barrier to effective learning such as visual and hearing impairment and, a referral system developed to facilitate timely intervention.

LOW ACHIEVERS

Schools must strive to ensure that all children benefit as much as they can from our education provisions. This applies to the low achiever just as much as it applies to any other student. While curriculum guides are prescribed for various levels of schooling , the principle of the student progressing at his/her own pace is to be rigorously applied to the slow learner. This is not to be considered justification for repetition. On the contrary, it must be borne in mind that intellectual development is only one aspect of the child's development and the typical class, particularly at the basic level, should cater to differences in learning needs, pace and ability.

HIGH ACHIEVERS

The emphasis of the Special Education Unit will be on the students with disabilities. However, schools are urged to identify exceptional children and cater to their special needs by making it possible for them to develop their abilities to the fullest through enrichment activities and guided independent work.

J | A | D

JAMAICA ASSOCIATION FOR THE DEAF

9 MARESCAUX ROAD • P.O. BOX 178 • KINGSTON 5 • JAMAICA W.I. • TEL: 926-7709

February 29, 1994

Re: Training in Special Education in Jamaica

For Teachers

Mico	- Training of Teachers, Diploma in Special Education (Mental Retardation, Deaf Education, Visual Impairment, Learning Disabilities).
Mico/University of the West Indies (UWI)	- Bachelor of Education, Special Education (Administration, Multiple Handicapped, Clinical Assessment).
Mico Care	- Seminars and Workshops in areas of Special Education for regular teachers in the school system.
UWI	- UWIDITE - Distance Teaching Programme
Jamaica Assn. for Children with Learning Disibilities (JACLD)	- Workshops, Seminars for resource teachers in the general school system.
Jamaica Association for the Deaf (JAD)	- Weekend Retreats for Principals and Teachers-in-Charge, Workshops, Inservice Training, Carribean Seminars or Special area of Deaf Education, Sign Language.
School of Hope	- Workshops for teachers

For Parents/Community Workers

Private Voluntary Organization (PVO)	- Training in homes for Parents and Community Workers
3D Project	- Workshops, Seminars for Community workers, for children with various disabilities.

Celebrating 55 Years of Service to Jamaica

For the General Public

JAD	- Sign Language

For Children

McCam Centre	- School for Multiple Handicapped/Retarded, Integrated Programme
New Vision	- School for Multiple Handicapped/Learning Disabled
Abilities Foundation of Jamaica	- Vocational Programme in collaboration with HEART TRUST
Caribbean Christian Centre for the Deaf (CCCD)	- Residential School for the Deaf
Christian Deaf Fellowship (CDF)	- Residential School for the Deaf
Hillel	- Day School with Programme for Special Children
JAD	- Schools and Units for children 0 - 18, Integrated Programme and Continuning Education Programme, Residential Schools, Vocational Programmes, Job Placement for Deaf Persons, Counselli Sessions for the Deaf, Welfare Services, Clinical Services.
Maranatha	- Day School for Deaf and Hearing Impaired
Priory	- Special Education Unit Class
Covenant Christian Academy	- Day School with Unit for Mildly Retarded and Slow Learners
Carberry Court Special School	- School for Multiple Handicapped - Mild - Severe
Salvation Army School for the Blind	- School for the Blind and Visually Impaired which has - children with multiple Handicapping conditions.
Mico Care	- Assessment and Recommendations for all Disabilities
JACLD	- Assessment of Learning Difficulties and Disabilities, Individual Educational Instruction for Children with Special Needs.
School Hope	- For Mentally Retarded persons - Units attached to regular primary schools, Vocational Programmes.